

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101642650 FILING DATE

APPLICANT(S)

12/30/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3				1		
4					1	
5			1			
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50						
TOTAL IND.			3			
TOTAL DEP.			7			
TOTAL CLAIMS		10				

*	IND.	DEP.	*	IND.	DEP.	*
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